

DOCKET NO. CS11241

UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICANT(S) Sheila M. Rader GROUP ART UNIT: 2187 FEB 18 2005

APPLN. NO.: 10/008,939 EXAMINER: Kimberly N. McLean Mayo

FILED: November 8, 2001

TITLE: MOBILE WIRELESS COMMUNICATION DEVICE
ARCHITECTURES AND METHODS THEREFOR

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile
transmitted to the Patent and Trademark Office.

on 2/18/05Elaine Cox

Signature

Printed Name of Person Signing Certificate

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated October 20, 2005, please enter the following
amendments in the above-entitled application, without prejudice or disclaimer.

A one month extension is being filed concurrently with this Response.

If Applicant has overlooked any additional fees, or if any overpayment has been made,
the Commissioner is hereby authorized to credit or debit Deposit Account 503079, Freescale
Semiconductor, Inc.

03/04/2005 ENTITLEMENT 00000005 503079 10008939
Sale Ref: 00000005 Date: 200503079 10008939
01 FC:1251 120.00 DA
02 FC:1201 800.00 DA
03 FC:1202 100.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10008939

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		MINUS	**	
Total	38	Minus	25	= 13
Independent	7	Minus	4	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	90
X42=		OR X84=	84
+140=		OR +280=	
TOTAL		OR TOTAL	90

SMALL ENTITY
OTHER THAN
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	234
X42=		OR X84=	258
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	492

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		MINUS	**	
Total	40	Minus	38	= 2
Independent	11	Minus	7	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	100
X42=		OR X84=	800
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	900

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
		MINUS	**	
Total				=
Independent				=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.